

**APPLICATION FOR USE OF CAMP SHELBY LAKE WALKER CABINS (Recreational)**

NAME: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Rank: \_\_\_\_\_ Date of Rank: \_\_\_\_\_ Social Security Number (Last Four): \_\_\_\_\_

Phone Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Office: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Home Mailing Address: \_\_\_\_\_,  
(Street Address) or (P. O. BOX) (City, State, Zip Code)

Unit of Assignment: \_\_\_\_\_ Unit Mailing Address: \_\_\_\_\_  
(Street Address, City, State, Zip Code)

Unit Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Dates Cabin Desired: Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Cabin Number Preference if Any: \_\_\_\_\_ (LG sleeps 6; SM sleeps 4)

CREDIT CARD \_\_\_\_\_ EXP: \_\_\_\_/\_\_\_\_/\_\_\_\_ TYPE: MC VI AX  
MM//YYYY

WHAT IS THE PROPOSED USE FOR THE CABIN(s) - (i.e. Holiday, Family Vacation, MWR visit, Cookout, etc.)

Number of Guest: \_\_\_\_\_ Name of Guests: \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

**NOTE:** In the event of a party, I assume full responsibility for clean up (inside & outside) or pay the Billeting Office an extra \$35.00 for Maid service to clean up. Check-In time is Noon and Check-out time is 0830 the following day. If you do not meet check out time, you are subject to be charged for an extra night stay. In the event of an extra occupant not stated on application, I assume full responsibility for his/her cost of \$35.00 per night.

1. This office must receive your application a minimum of four (4) days prior to your stay; in time to verify the information contained herein and to ensure the applicant meets policy requirements in appropriate regulations and SOP's.
2. Three (3) consecutive nights is the maximum authorized stay by regulation/SOP @ \$35.00 per night.
3. The user assumes full responsibility for any damage to the cabin caused by his/her use of the cabin.
4. During AT Periods, IDT Weekends, guests' reservations are subject to short notice cancellation for VIP use.
5. Lower enlisted and retirees have priority to the MWR Cabins.
6. All Reservations are confirmed/locked within 14 days of your requested date.
7. Cancellations must be made within 24 hours of your stay in order not to be charged a one night fee of \$35.00
8. **No Pets and No Smoking is allowed in our facilities.** If found with a pet or smoking, your account will be charged a minimum of \$150.00 cleaning fee.

APPLICANT'S SIGNATURE: \_\_\_\_\_

**PLEASE RETURN APPLICATION to [ng.ms.msarng.list.camp-shelby-housing-office@mail.mil](mailto:ng.ms.msarng.list.camp-shelby-housing-office@mail.mil) or Fax (601) 558-2339**

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**For Official Use Only**

Date application received: \_\_\_\_\_ Time: \_\_\_\_\_ Reservations Approved \_\_\_\_\_ Denied \_\_\_\_\_

Housing Officer Comments: \_\_\_\_\_  
(Lake Walker Cabin Application, 30 October 2012, earlier forms are obsolete)

Date called: \_\_\_\_\_ Inputted By : \_\_\_\_\_